

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0015150

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1883

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED APR 16 1964

## 1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

Kansas City

Length of stay in 1b

10 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

St. Lukes Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Kansas b. COUNTY Johnson

c. CITY  
OR  
TOWN

Prairie Village

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

7333 Ash

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
JOHNMiddle  
A.Last  
OLSON4. DATE  
OF  
DEATHMonth  
AprilDay  
6,Year  
1964

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

6-3-1900

## 9. AGE (last birthday)

63

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

Retired Salesman

## 10b. KIND OF BUSINESS OR INDUSTRY

Poindexter Mdse. Co.

## 11. BIRTHPLACE (City and state or country)

St. Joseph, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

John A. Olson Sr.

## 13b. MOTHER'S MAIDEN NAME

Bertha Pearson

## 14. NAME OF HUSBAND OR WIFE

Ruth E. Olson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

7

## 17. INFORMANT

Ruth E. Olson

## Address

7333 Ash

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cerebral Thrombosis

## DUE TO (b)

Arteriosclerosis

## DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## INTERVAL BETWEEN ONSET AND DEATH

10 days

20 years

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Carcinoma of Lung

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from March 29, 1964, to April 6, 1964 and last saw her alive on April 6, 1964. Death occurred at 5:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

James E. Crockett, M.D.

## 22b. ADDRESS

4320 Wornell, KC

## 22c. DATE SIGNED

4-7-64

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

4-9-64

## 23c. NAME OF CEMETERY OR CREMATORY

Mt. Hope Cemetery

## 23d. LOCATION (City, town, or county)

Joplin, Missouri

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Freeman Mortuary Kansas City, Mo.

## 25. DATE RECD. BY LOCAL REG.

4-7-64

## 26. REGISTRAR'S SIGNATURE

Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

James E. Crockett

MEDICAL CERTIFICATION

DATE AMENDED

VS 300  
Rev. 4/59

1

3

4 0

5 1

6

7 0

8 1

332/H

10

11

12 66-0

13

2:00 PM.  
Dr. C. C. KETTY  
4320 Dornall Rd.

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. Lauren Freeman Jr.

Licensed Embalmer No. 5098

P. O. Address K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.